



Bib Data Sheet

CONFIRMATION NO. 8964

<b>SERIAL NUMBER</b> 10/799,701	<b>FILING OR 371(c) DATE</b> 03/15/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> 27673
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**APPLICANTS**

Oron Yacoby-Zeevi, Moshav Bizaron, ISRAEL;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/260,037 03/02/1999 ABN which is a CIP of 09/140,888 08/27/1998 PAT 6,423,312

which is a CIP of 09/046,475 03/25/1998 PAT 6,153,187

which is a CIP of 08/922,170 09/02/1997 PAT 5,968,822

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*****\*\* 05/28/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 37	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

Martin D. Moynihan  
 PRTSI, Inc.  
 P. O. Box 16446  
 Arlington, VA22215

**TITLE**

Introducing a biological material into a patient

<b>FILING FEE RECEIVED</b> 667	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit